Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 1 of 56

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF NEW HAMPSHIRE | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Id | lentify Yourself | | |
|----|--|---|--|--|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your f | ull name | | |
| | your go picture examp license Bring y identifie | he name that is on overnment-issued identification (for ole, your driver's e or passport). Your picture cation to your g with the trustee. | Michael First name B. Middle name Wybert Last name and Suffix (Sr., Jr., II, III) | Amy First name B. Middle name Wybert Last name and Suffix (Sr., Jr., II, III) |
| 2. | used in | ner names you have n the last 8 years e your married or n names. | | |
| 3. | your S numbe Individ | he last 4 digits of Social Security er or federal dual Taxpayer iication number | xxx-xx-4531 | xxx-xx-4812 |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 2 of 56

Debtor 1 Michael B. Wybert
Debtor 2 Amy B. Wybert

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 6 Brookview Drive Milford, NH 03055 | If Debtor 2 lives at a different address: |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Hillsborough County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 3 of 56

| Tell the Court About Your Bankruptcy Case 7. The chapter of the Bankruptcy Code you are (For a biref description of each, see Natice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Code you are (Form 2010), Also, go to the top of page 1 and check the appropriate box. Chapter 11 | Debtor 1 Michael B. Wybert Debtor 2 Amy B. Wybert Case number (if known) | | | | Case number (if known) | | | |
|--|---|---|---|--|---|---|---|-----------------------|
| Bankruptcy Code you are choosing to file under Chapter 7 | Par | t 2: Tell the Court About \ | ∕our Bankrı | ıptcy Ca | ıse | | | |
| Chapter 7 Chapter 11 Chapter 12 Chapter 13 I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or che a pre-printer address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to The Filing Fee in Installments. If you choose this option, sign and attach the Application for Individuals to The Filing Fee in Installments. If you choose this option, sign and attach the Application for Individuals to The Filing Fee in Installments. If you choose this option, sign and attach the Application for Individuals to The Filing Fee Individuals to The Filing Fee Individuals to The Filing Fee Individuals to You may the Individuals to You may request this option only if you income is less than 150% of the official poverty applies to your family size and you are unable to pay the fee in installments.) If you choose this option, you must the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. No. I strict When Case number District When Case number No. See sea pending or being filed by a pouse who is so not filing this case with you, or by a business partner, or by an affiliate? Debtor District When Case number, if known Petitionship to you District When Case number, if known Case number, if known As you rent your residence? No. Go to line 12. Yes. His out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with | 7. | Bankruptcy Code you are | | | | | | kruptcy |
| Chapter 12 | | choosing to file under | ■ Chapte | r 7 | | | | |
| 8. How you will pay the fee Will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or che a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to The Filing Fee in Installments (Dicital Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty applies to your family size and you are unable to pay the fee in installments, if you choose this option, you must the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for bankruptcy cases pending or being filed by a spouse who is possible to a pay the fee in installments, if you choose this option, you must be applies to your family size and you are unable to pay the fee in installments, if you choose this option, you must be applied by a spouse who is your family size and you are unable to pay the fee in installments, if you choose this option, you must be applied by a spouse who is your family size and you are unable to pay the fee in installments, if you choose this option, you must be applied by a pay feel and your great that the feel of the feel in stallments, if you choose this option, you must be applied by a pay feel and your great that the feel of the feel in stallments. If you choose this option, you are filing for Chapter 7. By law, a judge of the feel in stallments. If you choose this option, you are filing for Chapter 7. By law, a judge of the feel in stallments. If you choose this option, you are filing for Chapter 7. By law, a judge of | | | ☐ Chapte | r 11 | | | | |
| 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or order. If your atomore, it you are paying the fee yourself, you may pay with cash, cashier's check, or order. If your atomore is submitting your payment on your behalf, your atomore way pay with a credit card or che a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to The Filing Fee in Installments. If you choose this option only if you are filing for Chapter 7. By law, a judg but is not required to, waive your lee, and may do so only if your income is less than 150% of the official poverty applies to your family size and you are unable to pay the fee in installments. If you choose this option, you must the Application to Have the Chapter 7. Filing Fee Waived (Official Form 1038) and file it with your petition. No. Yes. | | | ☐ Chapte | r 12 | | | | |
| about how you may pay. Typically, if you are paying the fee yourself, you map pay with cash, cashier's check, or order. If your attorney may pay with a credit card or che a pre-printed address. need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to The Filling Fee in Installments (Official Form 103A). request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judg but it is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. No. | | | ☐ Chapte | r 13 | | | | |
| Irequest that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judg but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty applies to your feem and you are unable to pay the fee in installments). If you choose this option, you must the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for bankruptcy within the last 8 years? No. | about how you may pay. Typically, if you are order. If your attorney is submitting your payr a pre-printed address. | | | | ou may pay. Typically attorney is submitting address. | if you are paying the fee y your payment on your bel | ourself, you may pay with cash, cashier's check, nalf, your attorney may pay with a credit card or c | or money heck with |
| bankruptcy within the last 8 years? District | | | The land th | Filing Fe uest that s not req es to you | te in Installments (Off the tall my fee be waived uired to, waive your four family size and you | icial Form 103A). (You may request this optice, and may do so only if you are unable to pay the fee | on only if you are filing for Chapter 7. By law, a ju- our income is less than 150% of the official pover in installments). If you choose this option, you mu | dge may, |
| District When Case number District When Case number District When Case number 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you District When Case number, if known Debtor Relationship to you District When Case number, if known Debtor Relationship to you District When Case number, if known No. Go to line 12. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with | 9. | bankruptcy within the | | | | | | |
| District When Case number 10. Are any bankruptcy cases pending or being filled by a spouse who is not filling this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you District When Case number, if known Relationship to you District When Case number, if known Relationship to you District When Case number, if known Relationship to you District When Case number, if known Number Relationship to you District Number Relationship to you District Number Relationship to you No. Go to line 12. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with | | last o years: | | District | | When | Case number | |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filling this case with you, or by a business partner, or by an affiliate? Debtor District When Case number, if known | | | | | | | | |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor District When Case number, if known Debtor District When Case number, if known Case number, if known Destrict When Case number, if known No. Go to line 12. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with | | | | District | | When | Case number | |
| District Debtor Debtor District When Case number, if known Relationship to you Case number, if known Case number, if known In the company of the co | 10. | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | _ | | | | | |
| Debtor | | | | Debtor | | | Relationship to you | |
| District When Case number, if known 11. Do you rent your residence? No. Go to line 12. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with | | | | District | | When | Case number, if known | |
| 11. Do you rent your residence? □ No. Go to line 12. Has your landlord obtained an eviction judgment against you? □ No. Go to line 12. □ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with | | | | Debtor | | | Relationship to you | |
| residence? Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with | | | | District | | When | Case number, if known | |
| Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with | 11. | | □ No. | Go to I | ine 12. | | | |
| Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with | | residence (| Yes. | _ | | an eviction judgment again | st you? | |
| | | | | _ | Yes. Fill out <i>Initial</i> S | tatement About an Eviction | Judgment Against You (Form 101A) and file it w | ith this |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 4 of 56 Michael B. Wybert Debtor 1 Case number (if known) Debtor 2 Amy B. Wybert Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Part 4: 14. Do you own or have any No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed. or a building that needs urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 5 of 56

Debtor 1 Michael B. Wybert
Debtor 2 Amy B. Wybert Case number (if known)

15. Tell the court whether

Part 5:

Tell the court whethe you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 6 of 56

| Debt Debt | _ | ert | | Case r | number (if known) | | |
|--------------|--|---|---|--|--|--|--|
| Part | | ions for R | eporting Purposes | | | | |
| | What kind of debts do you have? | 16a. | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by individual primarily for a personal, family, or household purpose." | | | | |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you owe th | nat are not consumer debts or b | usiness debts | | |
| | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. Go | o to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. Do yo are paid that funds will be available | | ot property is excluded and administrative expenses ditors? | | |
| | administrative expenses are paid that funds will | | ■ No | | | | |
| | be available for distribution to unsecured creditors? | | Yes | | | | |
| 18. | How many Creditors do you estimate that you owe? | 1 -49 | | 1 ,000-5,000 | 25,001-50,000 | | |
| | | □ 50-99 | | ☐ 5001-10,000 | 50,001-100,000 | | |
| | | ☐ 100-1 ☐ 200-9 | | ☐ 10,001-25,000 | ☐ More than100,000 | | |
| 19. | How much do you | \$ 0 - \$ | 550,000 | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | □ \$50,001 - \$100,000 | | □ \$10,000,001 - \$50 million | | | |
| | | □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | | | |
| 20. | How much do you | \$ 0 - \$ | 550,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | | 001 - \$100,000 | □ \$10,000,001 - \$50 million | | | |
| | | □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | | | |
| Part | 7: Sign Below | | | | | | |
| For | you | I have ex | camined this petition, and I declare | under penalty of perjury that the | e information provided is true and correct. | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | |
| | | | rney represents me and I did not pa nt, I have obtained and read the not | | o is not an attorney to help me fill out this (b). | | |
| | | I request | relief in accordance with the chapte | er of title 11, United States Code | e, specified in this petition. | | |
| | | | cy case can result in fines up to \$25 | | oney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | | chael B. Wybert | /s/ Amy E Amy B. Wy | B. Wybert | | |
| | | | e of Debtor 1 | Signature of | - | | |
| | | Executed | don March 11, 2019 | Executed on | March 11, 2019 | | |
| | | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | MM / DD / YYYY | | MM / DD / YYYY | | |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 7 of 56

| Debtor 1 Michael B. Wyb Debtor 2 Amy B. Wybert | pert | Case number (if known) | | | |
|---|--|---|-----------------------------|--|--|
| | | | | | |
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this petitio under Chapter 7, 11, 12, or 13 of title 11, United Sta for which the person is eligible. I also certify that I h | ntes Code, and have explained the relief av | vailable under each chapter | | |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, certi schedules filed with the petition is incorrect. | | | | |

| /s/ Sandra A. Kuhn, Esq | Date | March 11, 2019 |
|--|---------------|----------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| | | |
| Sandra A. Kuhn, Esq | | |
| Printed name | | |
| Family Legal Services, P.C. | | |
| Firm name | | |
| 141 Airport Rd | | |
| Concord, NH 03301 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 603-225-1114 | Email address | |
| 8804 NH | | |
| Bar number & State | | |

| Fill | in this infor | nation to identify you | r case: | | | | | |
|---------|--------------------------|---|--|---|--|---|--|--|
| Deb | tor 1 | Michael B. Wy | | | | | | |
| Dob | tor 2 | First Name | Middle Name | Last Name | | | | |
| | ioi Z ise if, filing) | Amy B. Wybert First Name | Middle Name | Last Name | | | | |
| Unit | ed States Ba | nkruptcy Court for the: | DISTRICT OF NEW HAM | PSHIRE | | | | |
| Cas | e number | | | | | | | |
| (if kno | _ | | | | _ | heck if this is an mended filing | | |
| Off | icial Fa | rm 107 | | | | | | |
| | icial Fo | | Affairs for Individ | luals Filing for B | ankruntev | 4/10 | | |
| | | | | | equally responsible for supp | | | |
| infor | mation. If n | ore space is needed, | attach a separate sheet to | | additional pages, write you | | | |
| numl | ber (if know | n). Answer every ques | stion. | | | | | |
| Part | Give I | Details About Your Ma | rital Status and Where You | Lived Before | | | | |
| 1. | What is you | r current marital statu | ıs? | | | | | |
| | ■ Married | | | | | | | |
| | | | lived anywhere other than y | where you live new? | | | | |
| ۷. | During the i | g the last 3 years, have you lived anywhere other than where you live now? | | | | | | |
| | ■ No | No | | | | | | |
| | | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | |
| | | | | | ity property state or territory | | | |
| Siale | s and territor | ies include Alizona, Ca | iliottila, Idano, Louisiana, Nev | vada, New Mexico, Fuello K | co, rexas, washington and w | iscorisiii.) | | |
| | ■ No | | | | | | | |
| | ☐ Yes. Ma | ake sure you fill out Sch | nedule H: Your Codebtors (Of | ficial Form 106H). | | | | |
| Part | 2 Expla | in the Sources of You | r Income | | | | | |
| | Fill in the total | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | Ill businesses, including part | | dar years? | | |
| | П N: | | | | | | | |
| | □ No ■ Vos Eil | I in the details. | | | | | | |
| | - 163.11 | i iii tile details. | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$12,009.63 | ☐ Wages, commissions, bonuses, tips | \$0.00 | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 9 of 56

Michael B. Wybert Debtor 1 Case number (if known) Debtor 2 Amy B. Wybert Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$30,750.00 \$0.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$34,830.00 \$0.00 For the calendar year before that: Wages, commissions. ☐ Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until \$0.00 Social Security \$2,499.00 the date you filed for bankruptcy: Income For last calendar year: \$0.00 Social Security \$12,060.00 (January 1 to December 31, 2018) Income For the calendar year before that: \$0.00 Social Security \$12,060.00 (January 1 to December 31, 2017) Income Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an □ No. individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No.

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Was this payment for ...

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 10 of 56

Debtor 1 Michael B. Wybert Debtor 2 Amy B. Wybert

Case number (if known)

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for | | | | |
|---|--|-------------------|----------------------|---|--|--|--|--|
| Will Sullivan 6 Brookview Drive Milford, NH 03055 | Made rent payment of \$1000.00 per month during the last 3 months | \$3,000.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Rent | | | | |
| Eversource PO Box 650047 Dallas, TX 75265-0047 | Paid about \$215.00 per month during the last 3 months | \$645.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ■ Suppliers or vendors ☐ Other | | | | |
| Granite State Cu 1415 Elm St Manchester, NH 03101 | Made payment of \$265.00 per month during the last 3 months | \$795.00 | \$4,471.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other | | | | |
| Progressive Leasing 256 West Data Drive Draper, UT 84020 | Made payment of \$218.00 per month during the last 3 months | \$654.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ■ Suppliers or vendors ☐ Other | | | | |
| Insiders include your relatives; any general pa of which you are an officer, director, person in | _ | | | | | | | |
| ☐ Yes. List all payments to an insider. | | | | | | | | |
| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment | | | | |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | | | | |
| No☐ Yes. List all payments to an insider | | | | | | | | |
| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name | | | | |

7.

8.

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 11 of 56 Debtor 1 Michael B. Wybert Case number (if known) Debtor 2 Amy B. Wybert Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number CHESHIRE DISTRICT Secundum Properties Llc vs VACATED □ Pending MICHAEL WYBERT, AMY WYBERT JUDGMENT COURT- JAFFREY □ On appeal 05LT0001 Concluded 05LT0001 - 0.00 Unknown Plaintiff vs AMY CHESHIRE DISTRICT VACATED Pending WYBERT, MICHAEL WYBERT JUDGMENT COURT- JAFFREY □ On appeal 05LT0001 Concluded 05LT0001 - 0.00 Onemain v. Wybert Collection Hillsborough County Pending 226-2019-CV-00020 Superior Court □ On appeal 30 Spring Street □ Concluded Nashua, NH 03060 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Nο Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Value Describe the gifts Dates you gave per person the gifts

Address:

Person to Whom You Gave the Gift and

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 12 of 56 Debtor 1 Michael B. Wybert Case number (if known) Debtor 2 Amy B. Wybert 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Amount of Date payment Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You \$1,300.00 Family Legal Services, P.C. \$1300.00 which includes legal 3/1/2019 141 Airport Rd fee, court filing fee and Concord, NH 03301 credit report about \$10.00 for certificate 03/17/2019 CC Advising, Inc. \$10.00 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Amount of Description and value of any property Date payment payment **Address** transferred or transfer was made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was

Address

property transferred

Person's relationship to you

made

payments received or debts

paid in exchange

| Debtor 1 | Michae. | l B. | Wybert |
|----------|---------|------|--------|
| Debtor 2 | Amy B. | Wybe | ert |

Case number (if known)

| 19. | beneficiary? (These are often called asset-prote | | y property to a | i seir-settie | a trust or similar device | e or wnich you are a | |
|-----|---|---|-------------------|---------------|--|---|--|
| | ☐ Yes. Fill in the details. Name of trust | Description and v | alue of the pro | perty trans | sferred | Date Transfer was made | |
| Par | 8: List of Certain Financial Accounts, Inst | truments, Safe Deposit | Boxes, and S | torage Unit | s | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ | other financial accour | nts; certificate: | s of deposi | | , | |
| | No Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution and | Last 4 digits of account number | Type of acco | ount or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | |
| 21. | Do you now have, or did you have within 1 yecash, or other valuables? | ear before you filed for | bankruptcy, a | ny safe de | oosit box or other depo | sitory for securities, | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Describe the contents Address (Number, Street, City, State and ZIP Code) | | | | Do you still have it? | | |
| 22. | Have you stored property in a storage unit or ■ No | r place other than your | home within 1 | l year befor | re you filed for bankrup | tcy? | |
| | Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | Describe | the contents | Do you still have it? | |
| Par | 9: Identify Property You Hold or Control for | or Someone Else | | | | | |
| 23. | Do you hold or control any property that som for someone. | neone else owns? Inclu | ıde any propeı | rty you borı | rowed from, are storing | for, or hold in trust | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value | |
| Par | 10: Give Details About Environmental Infor | rmation | | | | | |
| For | he purpose of Part 10, the following definition | ns apply: | | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | |
| | Site means any location, facility, or property to own, operate, or utilize it, including dispos | • | environmental | law, wheth | er you now own, operat | te, or utilize it or used | |
| | Hazardous material means anything an envir hazardous material, pollutant, contaminant, c | | as a hazardous | s waste, ha | zardous substance, tox | ic substance, | |
| Rep | ort all notices, releases, and proceedings that | t you know about, rega | rdless of whe | n they occu | ırred. | | |

| Debtor 1 | Michael | LB. | Wybert |
|----------|---------|------|--------|
| Debtor 2 | Amy B. | Wybe | rt |

Case number (if known)

| 24. | Has | | at you may be liable or potentially liable | e und | er or in violation of an environm | ental law? |
|----------|----------|--|---|--------|---|--------------------|
| | | No Yes. Fill in the details. | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State ar ZIP Code) | | Environmental law, if you know it | Date of notice |
| 25. | Hav | e you notified any governmental unit o | of any release of hazardous material? | | | |
| | | No Yes. Fill in the details. | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State ar ZIP Code) | | Environmental law, if you know it | Date of notice |
| 26. | Hav | | dministrative proceeding under any env | /ironm | nental law? Include settlements a | and orders. |
| | | No Yes. Fill in the details. | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | rure of the case | Status of the case |
| Par | t 11: | Give Details About Your Business of | or Connections to Any Business | | | |
| | ■ | □ A sole proprietor or self-employed □ A member of a limited liability com □ A partner in a partnership □ An officer, director, or managing e □ An owner of at least 5% of the voti No. None of the above applies. Go to | ing or equity securities of a corporation | hip (L | er full-time or part-time LP) Employer Identification numbe | |
| | | dress nber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security Dates business existed | number or ITIN. |
| 28. | inst | itutions, creditors, or other parties. | ptcy, did you give a financial statement | to an | yone about your business? Inclu | ude all financial |
| | | Yes. Fill in the details below. ne dress nber, Street, City, State and ZIP Code) | Date Issued | | | |
| Par | | Sign Below | | | | |
| havare t | ve rea | ad the answers on this <i>Statement of F</i> and correct. I understand that making a | Financial Affairs and any attachments, a a false statement, concealing property, o \$250,000, or imprisonment for up to 2 | or ob | otaining money or property by fra | |
| Mi | chae | .chael B. Wybert el B. Wybert re of Debtor 1 | /s/ Amy B. Wybert Amy B. Wybert Signature of Debtor 2 | | | |
| Dat | e M | March 11, 2019 | Date March 11, 2019 | 9 | | |

Official Form 107

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 15 of 56

| | Michael B. Wybert | Coco number (#/man) |
|---------------|--|--|
| Debtor 2 A | Amy B. Wybert | Case number (if known) |
| | | |
| Did you attac | ch additional pages to Your Statement of Financial Affairs for Individ | luals Filing for Bankruptcy (Official Form 107)? |
| ■ No | | |
| ☐ Yes | | |
| | | |
| Did you pay | or agree to pay someone who is not an attorney to help you fill out be | pankruptcy forms? |
| ■ No | | |
| ☐ Yes. Name | e of Person . Attach the Bankruptcy Petition Preparer's No. | otice, Declaration, and Signature (Official Form 119). |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 16 of 56

| Fill in this info | rmation to identify your case a | and this filing: | | |
|---------------------|--------------------------------------|--|---|--------------------------------------|
| Debtor 1 | Michael B. Wybert | | | |
| 200.01 | First Name | Middle Name Last Name | | |
| Debtor 2 | Amy B. Wybert | | | |
| (Spouse, if filing) | First Name | Middle Name Last Name | | |
| United States E | Bankruptcy Court for the: DIST | RICT OF NEW HAMPSHIRE | | |
| Case number | | | | П о |
| Case number | | | | ☐ Check if this is an amended filing |
| | | | | amended illing |
| | | | | |
| <u>Official F</u> | <u>orm 106A/B</u> | | | |
| Schedu | le A/B: Propert | V | | 12/15 |
| | | s. List an asset only once. If an asset fits in more than o | nne category list the asset in | |
| | ore space is needed, attach a sepa | ossible. If two married people are filing together, both a trate sheet to this form. On the top of any additional pag | | |
| Part 1: Describ | e Each Residence, Building, Land | , or Other Real Estate You Own or Have an Interest In | | |
| Do vou own o | r have any legal or equitable intere | est in any residence, building, land, or similar property? | | |
| 20 ,000 00000 | unij rogur er equitable intere | | | |
| No. Go to P | art 2. | | | |
| ☐ Yes. Where | e is the property? | | | |
| | | | | |
| Part 2: Describ | e Your Vehicles | | | |
| Do vou own. le | ase, or have legal or equitable | interest in any vehicles, whether they are registe | ered or not? Include any ve | hicles you own that |
| | | report it on Schedule G: Executory Contracts and L | | o.oo you ou u.u. |
| Care vane | trucks, tractors, sport utility ve | phicles motorcycles | | |
| o. Oars, varis, | irucks, iructors, sport utility vi | cincles, motorcycles | | |
| ☐ No | | | | |
| Yes | | | | |
| | | | | |
| 3.1 Make: | Toyota | Who has an interest in the property? Check one | Do not deduct secured cla | • |
| Model: | Camry | ■ Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| Year: | 2010 | Debtor 2 only | Current value of the | Current value of the |
| Approxim | ate mileage: 97,140 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Other info | ormation: | ☐ At least one of the debtors and another | | |
| Good C | Condition | | | |
| | | ☐ Check if this is community property | \$4,725.00 | \$4,725.00 |
| | | (see instructions) | | |
| | | | | |
| 3.2 Make: | Chevy | Who has an interest in the property? Check one | Do not deduct secured cla the amount of any secure | |
| Model: | Blazer | ☐ Debtor 1 only | Creditors Who Have Clair | |
| Year: | 2003 | Debtor 2 only | Current value of the | Current value of the |
| Approxim | ate mileage: Unknown | ☐ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Other info | ormation: | ☐ At least one of the debtors and another | | |
| | s not a roadworthy | | | |
| vehicl | .e. | Check if this is community property (see instructions) | \$1,650.00 | \$1,650.00 |

Official Form 106A/B Schedule A/B: Property page 1

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 17 of 56

| | btor 1 Michael B. Wybert btor 2 Amy B. Wybert | Ca | se number (if known) | |
|-----------------|--|--|---------------------------------------|---|
| 3.3 | 3 Make: Honda Model: CR650 | Who has an interest in the property? Check one Debtor 1 only | the amount of any secur | claims or exemptions. Put red claims on Schedule D: aims Secured by Property. |
| | Year: 2016 Approximate mileage: Unknow Other information: | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | | Check if this is community property (see instructions) | \$5,075.00 | \$5,075.00 |
| E | | 's and other recreational vehicles, other vehicles, and all watercraft, fishing vessels, snowmobiles, motorcycle a | | |
| | pages you have attached for Part 2. W | u own for all of your entries from Part 2, including an /rite that number here | | \$11,450.00 |
| | rt 3: Describe Your Personal and Househo you own or have any legal or equitab | old Items le interest in any of the following items? | | Current value of the |
| | | , . | | portion you own? Do not deduct secured claims or exemptions. |
| [| Household goods and furnishings Examples: Major appliances, furniture, li □ No ■ Yes. Describe | nens, china, kitchenware | | |
| | Household | tools | | \$60.00 |
| | | | | |
| | Household | goods, supplies & furnishings | | \$100.00 |
| [| • | , video, stereo, and digital equipment; computers, printer as, media players, games | rs, scanners; music collect | iions; electronic devices |
| | Electroni | cs | | \$500.00 |
| ı | Collectibles of value Examples: Antiques and figurines; painti other collections, memorabili No Yes. Describe | ngs, prints, or other artwork; books, pictures, or other art a, collectibles | objects; stamp, coin, or b | aseball card collections; |
| ļ | musical instruments No | e, and other hobby equipment; bicycles, pool tables, golf | clubs, skis; canoes and k | ayaks; carpentry tools; |
| 10. I | ☐ Yes. Describe Firearms Examples: Pistols, rifles, shotguns, ami No ☐ Yes. Describe | munition, and related equipment | | |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor 1 Michael Debtor 2 Amy B. V | B. Wybert Wybert | Case number (if known, |) |
|--|--|--|---|
| 11. Clothes Examples: Everyda; □ No ■ Yes. Describe | y clothes, furs, leather coats, des | signer wear, shoes, accessories | |
| | Clothing | | \$100.00 |
| 12. Jewelry Examples: Everyday No Yes. Describe 13. Non-farm animals Examples: Dogs, ca No Yes. Describe | | gement rings, wedding rings, heirloom jewelry, watches, gems, | gold, silver |
| | Dog and 2 cats | | \$3.00 |
| ■ No □ Yes. Give specific | c information | not already list, including any health aids you did not list | |
| No Yes. Give specific 15. Add the dollar val for Part 3. Write th | information ue of all of your entries from P nat number here | art 3, including any entries for pages you have attached | \$763.00 Current value of the portion you own? Do not deduct secured. |
| No Yes. Give specific 15. Add the dollar val for Part 3. Write th Part 4: Describe Your Fi Do you own or have an 16. Cash Examples: Money y No Yes | c information Sue of all of your entries from P nat number here | art 3, including any entries for pages you have attached any of the following? ome, in a safe deposit box, and on hand when you file your petit | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| No Yes. Give specific 15. Add the dollar val for Part 3. Write the second of the seco | c information | art 3, including any entries for pages you have attached any of the following? ome, in a safe deposit box, and on hand when you file your petit ounts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each. | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| No ☐ Yes. Give specific 15. Add the dollar val for Part 3. Write the part 4: Describe Your Find Do you own or have and the part 4: Describe Your Find Do you own or have and the part 4: Describe Your Find Do you own or have and the part 4: Describe Your Find Do you own or have and the part 4: Describe Your Find Do you own or have and the part 4: Describe Your Find To you own or have and the you own or have and you own or have | c information | art 3, including any entries for pages you have attached any of the following? ome, in a safe deposit box, and on hand when you file your petitory. counts; certificates of deposit; shares in credit unions, brokerage | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| No Yes. Give specific 15. Add the dollar val for Part 3. Write the second of the seco | c information | art 3, including any entries for pages you have attached any of the following? ome, in a safe deposit box, and on hand when you file your petit ounts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each. Institution name: Checking account with Granite State | Current value of the portion you own? Do not deduct secured claims or exemptions. tion |

Official Form 106A/B Schedule A/B: Property page 3

☐ Yes.....

Institution or issuer name:

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 19 of 56 Michael B. Wybert Debtor 1 Case number (if known) Debtor 2 Amy B. Wybert 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes, List each account separately. Type of account: Institution name: 401(k) 401K with work \$1,400.00 (approx. value) 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No Institution name or individual: Yes. Rental deposit Security deposit with landlord \$1,000.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No $\hfill \square$ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own?

Official Form 106A/B Schedule A/B: Property page 4

Do not deduct secured claims or exemptions.

| | Case | : 19-10383-BAH | Doc #: 1 Filed: 03 | 3/21/19 Desc: Main Document | Page 20 of 56 |
|----------------|--|--|---|--|----------------------------|
| Debte Debte | | nael B. Wybert B. Wybert | | Case number (if known) | |
| 28. T | ax refunds o | wed to you | | | |
| | No Yes. Give sp | pecific information about the | nem, including whether you | already filed the returns and the tax years | |
| Ŀ | amily suppo Examples: Pa No | | ny, spousal support, child s | support, maintenance, divorce settlement, propert | y settlement |
| | | pecific information | | | |
| E | E <i>xamples:</i> Ur be No | nefits; unpaid loans you r | | benefits, sick pay, vacation pay, workers' compe | ensation, Social Security |
| Ц | Yes. Give s | pecific information | | | |
| E | | surance policies alth, disability, or life insu | rance; health savings accor | unt (HSA); credit, homeowner's, or renter's insura | ance |
| | Yes. Name t | he insurance company of Company | each policy and list its valu name: | ue. Beneficiary: | Surrender or refund value: |
| | | <u>Term li</u> | fe insurance with | work | \$0.0 |
| 33. C | laims again Examples: Ac | | or not you have filed a lavutes, insurance claims, or r | wsuit or made a demand for payment rights to sue | |
| | | | aims of avery nature inclu | uding counterclaims of the debtor and rights t | a sat off claims |
| | No | be each claim | anns of every nature, more | ading counterclaims of the debtor and rights t | o set on claims |
| 35. A | ny financial | assets you did not alrea | ady list | | |
| | No Yes. Give s | pecific information | | | |
| | | • | • | ng any entries for pages you have attached | \$2,540.00 |
| Part 5 | Describe A | ny Business-Related Prope | erty You Own or Have an Inte | rest In. List any real estate in Part 1. | |
| 37. D o | you own or I | nave any legal or equitable | interest in any business-relat | ted property? | |
| _ | No. Go to Part | | | | |
| □, | Yes. Go to line | : 38. | | | |
| Part 6 | | any Farm- and Commercial or have an interest in farmlan | | u Own or Have an Interest In. | |
| | o you own o | | table interest in any farm- | - or commercial fishing-related property? | |
| | Yes. Go to P | | | | |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 21 of 56

Michael B. Wybert Debtor 1 Case number (if known) Debtor 2 Amy B. Wybert Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$11,450.00 57. Part 3: Total personal and household items, line 15 \$763.00 58. Part 4: Total financial assets, line 36 \$2,540.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 \$14,753.00 62. Total personal property. Add lines 56 through 61... \$14,753.00 Copy personal property total 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$14,753.00

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this inform | ation to identify your | case: | | | | |
|---------------------|------------------------------|--------------------|-----------|--|--|----------------|
| Debtor 1 | Michael B. Wybert First Name | | | | | |
| Debtor 2 | Amy B. Wybert | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ban | kruptcy Court for the: | DISTRICT OF NEW HA | MPSHIRE | | | |
| Case number | | | | | | |
| (if known) | | | | | | |
| | | | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Considia laura that allaur avamentian

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Drief description of the preparaty and line on Coverent value of the Amount of the exemption you alsim

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | |
|--|---|---|-------------------------------------|--|
| | Copy the value from Check only one box for each exemption. Schedule A/B | | | |
| 2010 Toyota Camry 97,140 miles | \$4,725.00 | \$950.00 | N.H. Rev. Stat. Ann. § 511:2(XVI) | |
| Good Condition Line from Schedule A/B: 3.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | | |
| 2003 Chevy Blazer Unknown miles | \$1,650.00 | \$1,650.00 | N.H. Rev. Stat. Ann. § 511:2(XVI) | |
| This is not a roadworthy vehicle. Line from Schedule A/B: 3.2 | | ☐ 100% of fair market value, up to any applicable statutory limit | · , | |
| 2016 Honda CR650 Unknown miles | \$5,075.00 | \$604.00 | N.H. Rev. Stat. Ann. § 511:2(XVIII) | |
| Line from Schedule A/B: 3.3 | | ☐ 100% of fair market value, up to any applicable statutory limit | | |
| Household tools Line from Schedule A/B: 6.1 | \$60.00 | \$60.00 | N.H. Rev. Stat. Ann. § 511:2(III) | |
| | | ☐ 100% of fair market value, up to any applicable statutory limit | , , | |
| Household goods, supplies & furnishings | \$100.00 | \$100.00 | N.H. Rev. Stat. Ann. § 511:2(III) | |
| Line from Schedule A/B: 6.2 | | ☐ 100% of fair market value, up to any applicable statutory limit | , , | |
| | | | | |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 23 of 56

Michael B. Wybert Debtor 1 Debtor 2 Amy B. Wybert Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B N.H. Rev. Stat. Ann. § Electronics \$500.00 \$500.00 511:2(III) Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit N.H. Rev. Stat. Ann. § Clothing \$100.00 \$100.00 Line from Schedule A/B: 11.1 511:2(I) 100% of fair market value, up to any applicable statutory limit Dog and 2 cats N.H. Rev. Stat. Ann. § \$3.00 \$3.00 Line from Schedule A/B: 13.1 511:2(XVIII) 100% of fair market value, up to any applicable statutory limit Checking: Checking account N.H. Rev. Stat. Ann. § \$100.00 \$100.00 with Granite State Credit 511:2(XVIII) Union 100% of fair market value, up to Line from Schedule A/B: 17.1 any applicable statutory limit Savings: Savings account with N.H. Rev. Stat. Ann. § \$10.00 \$10.00 Granite State Credit Union 511:2 (XVIII) Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Checking: Checking account N.H. Rev. Stat. Ann. § \$30.00 \$30.00 with People's United Bank 511:2(XVIII) Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit 401(k): 401K with work N.H. Rev. Stat. Ann. \$1,400.00 100% \$511:2(XIX) (approx. value) Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit

| 3. | • | claiming a homestead exemption of more than \$160,375? o adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) |
|----|------|--|
| | No | |
| | Yes. | Did you acquire the property covered by the exemption within 1,215 days before you filed this case? |
| | | No |
| | | Yes |
| | | |

\$1,000.00

Rental deposit: Security

deposit with landlord

Line from Schedule A/B: 22.1

N.H. Rev. Stat. Ann. §

511:2(XVIII)

\$1,000.00

100% of fair market value, up to any applicable statutory limit

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 24 of 56

| Fill in this informati | on to identify you | ır case: | | | |
|---|--|--|--------------------------|--------------------------|---------------------|
| | | | | | |
| | Michael B. W First Name | | st Name | | |
| | Amy B. Wyber | | | | |
| (Spouse if, filing) | irst Name | Middle Name La | st Name | | |
| United States Bankru | uptcy Court for the | DISTRICT OF NEW HAMPSHIRE | | | |
| Case number | | | | | Check if this is an |
| | | | | ; | amended filing |
| Official Form 1 | 06D | | | | |
| Schedule D: | Creditors | Who Have Claims Se | cured by Prop | erty | 12/15 |
| | | If two married people are filing together, bout, number the entries, and attach it to the | | | |
| 1. Do any creditors hav | e claims secured by | y your property? | | | |
| ☐ No. Check this | s box and submit t | his form to the court with your other sch | edules. You have nothing | else to report on this f | orm. |
| Yes. Fill in all | of the information | below. | _ | | |
| | ecured Claims | | | | |
| | | more than one secured claim, list the creditor | Column A | Column B | Column C |
| for each claim. If more | than one creditor has | s a particular claim, list the other creditors in F cal order according to the creditor's name. | | the that supports the | |
| 2.1 Granite St | ate Cu | Describe the property that secures the c | | | |
| Creditor's Name | | 2016 Honda CR650 Unknown miles | | | |
| 1415 Elm S Manchester | | As of the date you file, the claim is: Checapply. Contingent | k all that | | |
| Number, Street, City | <u> </u> | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? | Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only □ Debtor 2 only | | An agreement you made (such as morte car loan) | gage or secured | | |
| Debtor 1 and Debtor | r 2 only | ☐ Statutory lien (such as tax lien, mechan | ic's lien) | | |
| \square At least one of the d | ebtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this claim community debt | relates to a | Other (including a right to offset) Pu | rchase Money Secu | rity | |
| Date debt was incurred | Opened 05/16 Last Active d 1/30/19 | Last 4 digits of account number | 4194 | | |
| 2.2 Granite St | 2+0 Cu | Describe the property that secures the o | laim: \$3,775 | .00 \$4,725 | .00 \$0.00 |
| Creditor's Name | ace cu | 2010 Toyota Camry 97,140 | 14.11. | .00 74,723 | |
| | | miles Good Condition | | | |
| 1415 Elm S | | As of the date you file, the claim is: Checapply. | k all that | | |
| Manchester | | Contingent | | | |
| Number, Street, City Who owes the debt? | | ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | Official Offic. | An agreement you made (such as mort | rago or socured | | |
| Debtor 2 only | | car loan) | gage or secured | | |
| Debtor 1 and Debtor | r 2 only | ☐ Statutory lien (such as tax lien, mechan | ic's lien) | | |
| ☐ At least one of the d | ebtors and another | ☐ Judgment lien from a lawsuit | | | |

Official Form 106D

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 25 of 56

| Debtor 1 | Michael | B. Wybert | | Case r | number (if known) | |
|-------------|--------------------------------|--|--------------------------------------|------------------|-------------------|--|
| | First Name | Middle Nam | e Last Name | _ | . , | |
| Debtor 2 | Amy B. V | Wybert | | | | |
| | First Name | Middle Nam | e Last Name | _ | | |
| | if this claim re unity debt | elates to a | Other (including a right to offset) | Purchase Mone | ey Security | |
| Date debt v | was incurred | Opened 11/14 Last Active 1/30/19 | Last 4 digits of account nun | nber <u>8801</u> | | |
| | | • | umn A on this page. Write that num | L | \$8,246.00 | |
| | tne last page It number her | • | e dollar value totals from all pages | • | \$8,246.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 26 of 56

| Fill in t | his informa | ation to identify your o | case: | | |
|--|--|---|--|---|--|
| Debtor | 1 | Michael B. Wyb | art | | |
| Debioi | | First Name | | t Name | |
| Debtor | | Amy B. Wybert | | | |
| (Spouse if | f, filing) | First Name | Middle Name Las | t Name | |
| United 9 | States Bank | cruptcy Court for the: | DISTRICT OF NEW HAMPSHIRE | | |
| Case ni | umher | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| O((, | | 4005/5 | | | |
| | al Form | | | | 40/45 |
| | | | ho Have Unsecured Cla | | 12/15 with NONPRIORITY claims. List the other party to |
| Schedule left. Attac name and | e D: Creditors ch the Contir d case numb | s Who Have Claims Secunuation Page to this page oer (if known). | red by Property. If more space is neede e. If you have no information to report in | ed, copy the Part you need, fi | partially secured claims that are listed in ill it out, number the entries in the boxes on the On the top of any additional pages, write your |
| Part 1: | | of Your PRIORITY Un | | | |
| _ | • | s have priority unsecured | ciaims against you? | | |
| 1 | No. Go to Part | t 2. | | | |
| | | | | | |
| | | - (V- · · · NONDDIODIT | W.H d Oleima | | |
| □ \ Part 2: | List All o | of Your NONPRIORIT | | | |
| Part 2: | List All o | s have nonpriority unsec | Y Unsecured Claims ured claims against you? art. Submit this form to the court with your of | other schedules. | |
| Part 2: | List All of any creditors No. You have | s have nonpriority unsec | ured claims against you? | other schedules. | |
| Part 2: 3. Do a 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | List All of any creditors No. You have Yes. all of your necured claim, in one creditor | s have nonpriority unsec nothing to report in this pa nonpriority unsecured cla list the creditor separately | ured claims against you? art. Submit this form to the court with your or aims in the alphabetical order of the cre- for each claim. For each claim listed, iden | ditor who holds each claim. I | If a creditor has more than one nonpriority not list claims already included in Part 1. If more secured claims fill out the Continuation Page of |
| Part 2: 3. Do a 1 N 4. List unse than | List All of any creditors No. You have Yes. all of your necured claim, in one creditor | s have nonpriority unsec nothing to report in this pa nonpriority unsecured cla list the creditor separately | ured claims against you? art. Submit this form to the court with your or aims in the alphabetical order of the cre- for each claim. For each claim listed, iden | ditor who holds each claim. I | not list claims already included in Part 1. If more |
| Part 2: 3. Do a 1. No. | List All control contr | nothing to report in this particular claim, list the creditor separately holds a particular claim, list | ured claims against you? art. Submit this form to the court with your or aims in the alphabetical order of the cre- for each claim. For each claim listed, iden | ditor who holds each claim. I tify what type of claim it is. Do nore than three nonpriority uns | not list claims already included in Part 1. If more secured claims fill out the Continuation Page of Total claim |
| Part 2: 3. Do a 1 N 4. List unse than Part 4.1 | List All of any creditors No. You have Yes. all of your necured claim, a one creditor to. Capital Nonpriority C | nothing to report in this particular claim, list the creditor separately holds a particular claim, list one | ured claims against you? art. Submit this form to the court with your of the court with your of the cree for each claim. For each claim listed, iden st the other creditors in Part 3.If you have recommended. | ditor who holds each claim. It if y what type of claim it is. Do nore than three nonpriority unsumber5815 | not list claims already included in Part 1. If more secured claims fill out the Continuation Page of Total claim \$2,328.00 |
| Part 2: 3. Do a 1 N 4. List unse than Part 4.1 | List All of any creditors No. You have Yes. all of your necured claim, a one creditor to. Capital Nonpriority C | nothing to report in this particular claim, list the creditor separately holds a particular claim, list one | ured claims against you? art. Submit this form to the court with your of the court with your of the cree for each claim. For each claim listed, iden st the other creditors in Part 3.If you have recommended. | ditor who holds each claim. It if y what type of claim it is. Do nore than three nonpriority unsumber 5815 Opened 08/1 | not list claims already included in Part 1. If more secured claims fill out the Continuation Page of Total claim \$2,328.00 |
| Part 2: 3. Do a 1 N 4. List unse than Part 4.1 | List All of any creditors No. You have Yes. all of your necured claim, none creditor to 2. Capital Nonpriority C Attn: Ba Po Box (Salt La) | nothing to report in this particular claim, list the creditor separately holds a particular claim, list One Creditor's Name ankruptcy 30285 ke City, UT 841 | ured claims against you? art. Submit this form to the court with your or arms in the alphabetical order of the cree for each claim. For each claim listed, iden st the other creditors in Part 3.If you have r Last 4 digits of account When was the debt incur 30 | ditor who holds each claim. It if y what type of claim it is. Do nore than three nonpriority unshammer 5815 Opened 08/1 Active 10/2 | not list claims already included in Part 1. If more secured claims fill out the Continuation Page of Total claim \$2,328.00 4 Last 23/17 |
| Part 2: 3. Do a 1 N 4. List unse than Part 4.1 | List All of any creditors No. You have Yes. all of your necured claim, none creditor to 2. Capital Nonpriority O Attn: Ba Po Box O Salt Lal Number Stre | nothing to report in this particular claim, list the creditor separately holds a particular claim, list One Creditor's Name ankruptcy 30285 ke City, UT 841 set City State Zlp Code | ured claims against you? art. Submit this form to the court with your or arms in the alphabetical order of the cree for each claim. For each claim listed, iden st the other creditors in Part 3.If you have r Last 4 digits of account When was the debt incur 30 | ditor who holds each claim. It if y what type of claim it is. Do nore than three nonpriority unsumber 5815 Opened 08/1 | not list claims already included in Part 1. If more secured claims fill out the Continuation Page of Total claim \$2,328.00 4 Last 23/17 |
| Part 2: 3. Do a 1 N 4. List unse than Part 4.1 | List All of any creditors No. You have Yes. all of your necured claim, none creditor in a constant | nothing to report in this particular claim, list the creditor separately holds a particular claim, list the Creditor's Name ankruptcy 30285 ke City, UT 841 et City State Zlp Code and the debt? Check one. | ured claims against you? art. Submit this form to the court with your or the court with your or the cree for each claim. For each claim listed, idens the other creditors in Part 3.If you have rought Last 4 digits of account When was the debt incuration. As of the date you file, the | ditor who holds each claim. It if y what type of claim it is. Do nore than three nonpriority unshammer 5815 Opened 08/1 Active 10/2 | not list claims already included in Part 1. If more secured claims fill out the Continuation Page of Total claim \$2,328.00 4 Last 23/17 |
| Part 2: 3. Do a 1 N 4. List unse than Part 4.1 | List All of any creditors No. You have Yes. It all of your necured claim, none creditor to 2. Capital Nonpriority Capital Nonpriority Capital Salt Lal Number Stre Who incurre | nothing to report in this particular claim, list the creditor separately holds a particular claim, list the Creditor's Name ankruptcy 30285 ke City, UT 841 eet City State Zlp Code ed the debt? Check one. | ured claims against you? art. Submit this form to the court with your or the creation of the alphabetical order of the creation of the creati | ditor who holds each claim. It if y what type of claim it is. Do nore than three nonpriority unshammer 5815 Opened 08/1 Active 10/2 | not list claims already included in Part 1. If more secured claims fill out the Continuation Page of Total claim \$2,328.00 4 Last 23/17 |
| Part 2: 3. Do a 1 N 4. List unse than Part 4.1 | List All of any creditors No. You have Yes. all of your necured claim, none creditor to 2. Capital Nonpriority Cath: Ba Po Box Capital Number Stre Who incurred Debtor 1 Debtor 2 | nothing to report in this particular claim, list the creditor separately holds a particular claim, list One Creditor's Name ankruptcy 30285 ke City, UT 841 eet City State ZIp Code ed the debt? Check one. only | art. Submit this form to the court with your of the cree for each claim. For each claim listed, idensit the other creditors in Part 3.If you have received by the count. Last 4 digits of account | ditor who holds each claim. It if y what type of claim it is. Do nore than three nonpriority unshammer 5815 Opened 08/1 Active 10/2 | not list claims already included in Part 1. If more secured claims fill out the Continuation Page of Total claim \$2,328.00 4 Last 23/17 |
| Part 2: 3. Do a 1 N 4. List unse than Part 4.1 | List All of any creditors No. You have Yes. all of your necured claim, none creditors 2. Capital Nonpriority Cathain Baro Box Capital Number Stre Who incurred Debtor 1 Debtor 1 | one Creditor's Name ankruptcy 30285 ke City, UT 841 eet City State Zlp Code ed the debt? Check one. only only and Debtor 2 only | art. Submit this form to the court with your of the cree for each claim. For each claim listed, idensit the other creditors in Part 3.If you have received the count with your of the cree for each claim. For each claim listed, idensit the other creditors in Part 3.If you have received. Last 4 digits of account When was the debt incurated with the count of the cree for each claim. For each claim listed, idensity is the other creditors in Part 3.If you have received and the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. For each claim listed, idensity is the count of the cree for each claim. | ditor who holds each claim. Itify what type of claim it is. Do nore than three nonpriority unshammer 5815 Opened 08/1 Active 10/2 The claim is: Check all that app | not list claims already included in Part 1. If more secured claims fill out the Continuation Page of Total claim \$2,328.00 4 Last 23/17 |
| Part 2: 3. Do a 1 N 4. List unse than Part 4.1 | List All of any creditors No. You have Yes. all of your necured claim, none creditor 12. Capital Nonpriority Capital Nonpriority Capital Number Stree Who incurred Debtor 1 Debtor 1 At least of | one Creditor's Name ankruptcy 30285 ke City, UT 841 eet City State Zlp Code ed the debt? Check one. only one only one of the debtors and and | ured claims against you? art. Submit this form to the court with your of the cree of the cach claim. For each claim listed, idensit the other creditors in Part 3.If you have result to the count with your of the cree of the cach claim. For each claim listed, idensit the other creditors in Part 3.If you have result to the content of the cree of the cach claim. For each claim listed, idensity of the other creditors in Part 3.If you have result to the cach claim. For each claim listed, idensity of the cach claim. When was the debt incurs of the date you file, the cach claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim listed, idensity of the cach claim. For each claim. For each claim. For each claim. | ditor who holds each claim. Itify what type of claim it is. Do nore than three nonpriority unshammer 5815 Opened 08/1 Active 10/2 The claim is: Check all that app | not list claims already included in Part 1. If more secured claims fill out the Continuation Page of Total claim \$2,328.00 4 Last 23/17 |
| Part 2: 3. Do a 1 N 4. List unse than Part 4.1 | List All of any creditors No. You have Yes. all of your necured claim, none creditor 12. Capital Nonpriority Capital Nonpriority Capital Number Stree Who incurred Debtor 1 Debtor 1 At least of | one Creditor's Name ankruptcy 30285 ke City, UT 841 eet City State Zlp Code ed the debt? Check one. only only and Debtor 2 only | ured claims against you? art. Submit this form to the court with your of the creation and the alphabetical order of the creation each claim. For each claim listed, idensite the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to | ditor who holds each claim. Itify what type of claim it is. Do nore than three nonpriority unsumber 5815 Opened 08/1 Active 10/2 The claim is: Check all that appoints and the claim is: Check all that appoints are claim. | not list claims already included in Part 1. If more secured claims fill out the Continuation Page of Total claim \$2,328.00 4 Last 23/17 |
| Part 2: 3. Do a 1 N 4. List unse than Part 4.1 | List All of any creditors No. You have Yes. all of your necured claim, none creditor 12. Capital Nonpriority Of Attn: Bar Po Box (Salt La) Number Stree Who incurred Debtor 1 Debtor 1 At least of Check if debt | one Creditor's Name ankruptcy 30285 ke City, UT 841 eet City State Zlp Code ed the debt? Check one. only one only one of the debtors and and | ured claims against you? art. Submit this form to the court with your of the creation and the alphabetical order of the creation each claim. For each claim listed, idensite the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 3.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to the other creditors in Part 4.If you have result to | ditor who holds each claim. Itify what type of claim it is. Do nore than three nonpriority unshammer 5815 Opened 08/1 Active 10/2 The claim is: Check all that app | not list claims already included in Part 1. If more secured claims fill out the Continuation Page of Total claim \$2,328.00 4 Last 23/17 |
| Part 2: 3. Do a 1 N 4. List unse than Part 4.1 | List All of any creditors No. You have Yes. all of your necured claim, none creditor 12. Capital Nonpriority Of Attn: Bar Po Box (Salt La) Number Stree Who incurred Debtor 1 Debtor 1 At least of Check if debt | nothing to report in this particular the creditor separately holds a particular claim, list one Creditor's Name ankruptcy 30285 ke City, UT 841 et City State Zlp Code ed the debt? Check one. only only and Debtor 2 only one of the debtors and anothis claim is for a comment. | ured claims against you? art. Submit this form to the court with your of the creation reach claim. For each claim listed, idensite the other creditors in Part 3.If you have rest the other creditors in Part 3.If y | ditor who holds each claim. Itify what type of claim it is. Do nore than three nonpriority unsumber 5815 Opened 08/1 Active 10/2 The claim is: Check all that appoints and the claim is: Check all that appoints are claim. | not list claims already included in Part 1. If more secured claims fill out the Continuation Page of Total claim \$2,328.00 4 Last 23/17 Illy divorce that you did not |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 27 of 56

| | r1 Michael B. Wybert r2 Amy B. Wybert | | Case number (if known) | |
|-----|---|--|--|----------|
| 4.2 | Capital One | Last 4 digits of account number | 4818 | \$862.00 |
| 4.2 | Nonpriority Creditor's Name | | 4010 | 7002.00 |
| | Attn: Bankruptcy | | Opened 02/16 Last | |
| | Po Box 30285 | When was the debt incurred? | Active 2/04/19 | |
| | Salt Lake City, UT 84130 | | in Ol I IIII I | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharir | g plans, and other similar debts | |
| | □Yes | ■ Other. Specify Credit Ca | rd | |
| | | | | |
| 4.3 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | | \$410.00 |
| | Attn: Bankruptcy | | Opened 11/17 Last | |
| | Po Box 30285 | When was the debt incurred? | Active 12/03/18 | |
| | Salt Lake City, UT 84130 Number Street City State Zlp Code | As of the date you file, the claim | is: Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | S. Check all that apply | |
| | Debtor 1 only | | | |
| | <u> </u> | Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | , | |
| | ■ No | Debts to pension or profit-sharing | , | |
| | ☐ Yes | ■ Other Specify Credit Ca | ard | |
| 4.4 | Citibank/Exxon Mobile | Last 4 digits of account number | 6080 | \$391.00 |
| | Nonpriority Creditor's Name | _ | | |
| | Centralized Bankruptcy | | Opened 12/15 Last | |
| | Po Box 790034 | When was the debt incurred? | Active 10/24/17 | |
| | St Louis, MO 63179 Number Street City State Zlp Code | As of the date you file, the claim | is: Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | S. Check all that apply | |
| | _ | - | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a sens | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | nation agreement of divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | | | | |
| | Yes | ■ Other Specify Credit Ca | ıra | |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 28 of 56

| | r1 Michael B. Wybert r2 <u>Amy B. Wybert</u> | Case number (if known) | |
|-----|--|---|----------|
| 4.5 | Comstar Inc. | Last 4 digits of account number | Unknown |
| | Nonpriority Creditor's Name 8 Turcotte Memoiral Dr. Rowley, MA 01969 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify medical bills | |
| 4.6 | Credit One Bank Nonpriority Creditor's Name | Last 4 digits of account number 4029 | \$556.00 |
| | Attn: Bankruptcy Department Po Box 98873 | When was the debt incurred? Opened 11/17 Last Active 1/04/19 | |
| | Las Vegas, NV 89193 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | • | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |
| 4.7 | Dartmouth Hitchcock | Last 4 digits of account number | Unknown |
| | Nonpriority Creditor's Name 253 Pleasant Street Concord, NH 03301 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify medical bills | |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 29 of 56

| | r1 Michael B. Wybert r2 Amy B. Wybert | Case number (if known) | |
|-----|--|---|------------|
| 4.8 | Eastern Revenue Inc | Last 4 digits of account number 4563 | \$539.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept. 601 Dresher Rd. Suite 301 Horsham, PA 19044 | When was the debt incurred? Opened 10/14 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Collection Attorney Nader Moavenian Dds Nader | |
| 4.9 | Eastern Revenue Inc Nonpriority Creditor's Name | Last 4 digits of account number 3567 | \$50.00 |
| | Attn: Bankruptcy Dept. 601 Dresher Rd. Suite 301 Horsham, PA 19044 | When was the debt incurred? Opened 03/13 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. ☐ Debtor 1 only | | |
| | ■ Debtor 2 only | ☐ Contingent | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| | No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Collection Attorney Nader Moavenian Dds Nader | |
| 4.1 | Jefferson Capital Systems, LLC | Last 4 digits of account number 6003 | \$1,562.00 |
| | Nonpriority Creditor's Name Po Box 1999 Saint Cloud, MN 56302 | When was the debt incurred? Opened 04/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | not |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Factoring Company Account Fingerhut Direct Mrkting | |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 30 of 56

| tor 2 Amy B. Wybert | | Case number (if known) | |
|---|--|---|---------|
| Lahey Clinic Nonpriority Creditor's Name | Last 4 digits of account number | | Unknowr |
| PO Box 981001 Boston, MA 02298 | When was the debt incurred? | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify medical k | pills | |
| Merrick Bank/CardWorks | Last 4 digits of account number | 7751 | \$584.0 |
| Nonpriority Creditor's Name | _ | | |
| Attn: Bankruptcy Po Box 9201 | When was the debt incurred? | Opened 09/16 Last Active 10/24/17 | |
| Old Bethpage, NY 11804 | _ | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | ■ Other Specify Credit Ca | | |
| | | | |
| Midland Funding | Last 4 digits of account number | | \$983.0 |
| Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108 | When was the debt incurred? | Opened 05/18 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | | |
| | | g Company Account Credit | |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 31 of 56

| 2 Amy B. Wybert | | | |
|---|--|--|-----------|
| OneMain Financial | Last 4 digits of account number | 8013 | \$8,764 |
| Nonpriority Creditor's Name | | | |
| Attn: Bankruptcy 601 Nw 2nd Street | When was the debt incurred? | Opened 05/16 Last Active 11/02/17 | |
| Evansville, IN 47708 | | 1100110 11702717 | |
| Number Street City State ZIp Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Note Loan | | |
| OneMain Financial | | 0785 | TTee lean |
| Nonpriority Creditor's Name | Last 4 digits of account number | | Unkno |
| Attn: Bankruptcy | | Opened 12/04/15 Last | |
| Po Box 3251 | When was the debt incurred? | Active 5/31/16 | |
| Evansville, IN 47731 Number Street City State ZIp Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify _Unsecured | | |
| OneMain Financial | Last 4 digits of account number | 7260 | Unkno |
| Nonpriority Creditor's Name | | | |
| Attn: Bankruptcy Po Box 3251 | When was the debt incurred? | Opened 6/10/15 Last Active 12/04/15 | |
| Evansville, IN 47731 Number Street City State ZIp Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | , , , , | 235. an inclumpiy | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | and the second s | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Unsecured | | |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 32 of 56

| | | Case number (if known) | |
|---|--|---|--------------|
| OneMain Financial | Last 4 digits of account number | 3707 | Unknow |
| Nonpriority Creditor's Name | _ | | |
| Attn: Bankruptcy Po Box 3251 | When was the debt incurred? | Opened 11/21/14 Last Active 6/10/15 | |
| Evansville, IN 47731 | | 7100100 0710713 | |
| Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. SpecifyUnsecured | 1 | |
| OneMale Blacestal | | 2714 | TTo loss one |
| OneMain Financial Nonpriority Creditor's Name | Last 4 digits of account number | <u>3714</u> | Unknow |
| Attn: Bankruptcy | | Opened 5/31/16 Last | |
| Po Box 3251 | When was the debt incurred? | Active 2/03/17 | |
| Evansville, IN 47731 Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | S. Oncok all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| _ | | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| At least one of the debtors and another | _ | u Ciaini. | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | ■ Other. SpecifyUnsecured | 1 | |
| Southern NH Medical Center | | | Unknow |
| Nonpriority Creditor's Name P.O. Box 824 | Last 4 digits of account number When was the debt incurred? | | Olikilow |
| Nashua, NH 03061-0824 | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| _ | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| No | = 2000 to pondion or promound | | |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 33 of 56

| | r2 Amy B. Wybert | | Case number (if known) | |
|-----|--|---|---|----------|
| 4.2 | Synchrony Bank/Walmart | Last 4 digits of account number | 9283 | \$846.00 |
| Ū | Nonpriority Creditor's Name Attn: Bankruptcy | - | Opened 06/16 Last | |
| | Po Box 965060 Orlando, FL 32896 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim | Active 10/24/17 is: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharir | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Ac | count | |
| 4.2 | TD Bank | Last 4 digits of account number | | Unknown |
| | Nonpriority Creditor's Name 15 Monumental Square | When was the debt incurred? | | |
| | Leominster, MA 01453 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | • | , | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify _overdraft | : | |
| 4.2 | Tufts Medical Center | Last 4 digits of account number | | Unknown |
| | Nonpriority Creditor's Name | - | | |
| | PO Box 961980 Boston, MA 02196 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | a plane, and other similar debts | |
| | ■ No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify medical k | Dills | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 34 of 56

| Debtor 1 Michael B. Wybert Debtor 2 Amy B. Wybert | Case number (if known) |
|---|--|
| Name and Address Capital One Po Box 30281 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Salt Lake City, UT 84130 | Last 4 digits of account number |
| Name and Address Capital One Po Box 30281 Salt Lake City, UT 84130 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| bare have erey, or oriso | Last 4 digits of account number |
| Name and Address Capital One Po Box 30281 Salt Lake City, UT 84130 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number |
| Name and Address Citibank/Exxon Mobile Po Box 6497 Sioux Falls, SD 57117 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4 . 4 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| · | Last 4 digits of account number |
| Name and Address Credit One PO Box 80015 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Los Angeles, CA 90080-0015 | ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number |
| Name and Address Credit One PO Box 98873 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Las Vegas, NV 89193-8873 | ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number |
| Name and Address Credit One Bank Po Box 98872 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4 6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Las Vegas, NV 89193 | Last 4 digits of account number |
| Name and Address Eastern Revenue Inc 601 Dresher Rd | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4 . 8 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Horsham, PA 19044 | ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number |
| Name and Address Eastern Revenue Inc 601 Dresher Rd | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Horsham, PA 19044 | ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number |
| Name and Address Erin M. Reczek 200 Minuteman Road Ste. 202 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Andover, MA 01810 | Last 4 digits of account number |
| Name and Address FingerHut Customer Service Center P.O. Box 745010 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Cincinnati, OH 45274-5010 | Last 4 digits of account number |
| Name and Address Fingerhut 53 McLeland Road | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Saint Cloud, MN 56395 | ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 35 of 56

| Debtor 1 Michael B. Wybert Debtor 2 Amy B. Wybert | | Case number (if known) |
|--|--|---|
| Name and Address Fingerhut P.O. Box 166 | | Part 1: Creditors with Priority Unsecured Claims |
| Newark, NJ 07101-0166 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Hillsborough County Superior | On which entry in Part 1 or Part 2 did yo Line $\underline{4.14}$ of (<i>Check one</i>): | ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims |
| Court 30 Spring Street IMO Onemaine v. Michael Wybert Case No. 226-2019-cv-00020 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Nashua, NH 03060 | Last 4 digits of account number | |
| Name and Address Jefferson Capital Systems, LLC | | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 16 Mcleland Rd Saint Cloud, MN 56303 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Merrick Bank/CardWorks Po Box 9201 | | Part 1: Creditors with Priority Unsecured Claims |
| Old Bethpage, NY 11804 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Midland Funding 2365 Northside Dr Ste 30 | | Part 1: Creditors with Priority Unsecured Claims |
| San Diego, CA 92108 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address OneMain Financial Po Box 1010 | | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Evansville, IN 47706 | Last 4 digits of account number | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address OneMain Financial Po Box 1010 | | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Evansville, IN 47706 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address OneMain Financial Po Box 1010 | | Part 1: Creditors with Priority Unsecured Claims |
| Evansville, IN 47706 | Last 4 digits of account number | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address OneMain Financial Po Box 1010 | | Du list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Evansville, IN 47706 | Last 4 digits of account number | - Part 2. Creditors with Nonphonty offsecured Claims |
| Name and Address OneMain Financial Po Box 1010 | | Du list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Evansville, IN 47706 | Last 4 digits of account number | Part 2: Creditors with Nonphonty onsecured Claims |
| Name and Address Synchrony Bank/Walmart Po Box 965024 | | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Orlando, FL 32896 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

Debtor 1 Michael B. Wybert
Debtor 2 Amy B. Wybert

Case number (if known)

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | | | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | \$ 17,875.00 |
| | | here. | | |
| | | | | |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 37 of 56

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-----------|--|
| Debtor 1 | Michael B. Wy | bert | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Amy B. Wybert | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW HA | MPSHIRE | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|---|---|
| 2.1 | Progressive Leasing 256 West Data Drive Draper, UT 84020 | Lease for Mattress |
| 2.2 | Will Sullivan 6 Brookview Drive Milford, NH 03055 | Apartment Lease Month to month arrangement |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 38 of 56

| Fill in this i | information to identify your | case: | | | |
|--------------------------------|---|--------------------------------|-------------------------|----------------------------------|---|
| Debtor 1 | Michael B. Wy | | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | Amy B. Wybert First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | DISTRICT OF NEW HA | MPSHIRE | | |
| Case numb | er | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official | Form 106H | | | - | |
| | ule H: Your Cod | lebtors | | | 12/15 |
| | | | | | |
| our name a | nd number the entries in the and case number (if known ou have any codebtors? (If |). Answer every question | | | p of any Additional Pages, write |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | in the last 8 years, have yo a, California, Idaho, Louisiana | | | | ty states and territories include |
| ■ No. (| Go to line 3. | | | | |
| | Did your spouse, former spo | ouse, or legal equivalent live | e with you at the time? | | |
| 3 In Colu | mm 4 list all of very and also | toro. Do not includo vocum | | if your analysis is filin | a with you list the naves about |
| in line 2 Form 1 | 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | sure you have listed t | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor ame, Number, Street, City, State and 2 | ZIP Code | | Column 2: The cro | editor to whom you owe the debt |
| | | | | <u>_</u> | • • • |
| 3.1 _N | lame | | | _ ☐ Schedule D, lir | |
| | | | | ☐ Schedule E/F,☐ Schedule G, lir | |
| N | lumber Street | | | _ | |
| С | City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, lir | ne. |
| | lame | | | _ □ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| | lumber Street | State | ZIP Code | _ | |
| ŭ | • | - ···· - | | | |

| Fill in this information | n to identify your case: | |
|---------------------------------|--|---|
| Debtor 1 | Michael B. Wybert | |
| Debtor 2 (Spouse, if filing) | Amy B. Wybert | |
| United States Bankr | uptcy Court for the: DISTRICT OF NEW HAMPSHIRE | |
| Case number (If known) | | Check if this is: An amended filing A supplement showing postpetition chapter |
| Official Forr | <u>n 106l</u> | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

For Debtor 2 or

0.00

0.00

0.00

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| ı Gı | t 1: Describe Employment | | | |
|--------|---|----------------------|---|-------------------------------|
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
| | If you have more than one job, | Francisco estatua | ■ Employed | ☐ Employed |
| i (| attach a separate page with information about additional | Employment status | ☐ Not employed | ■ Not employed |
| | employers. | Occupation | CNC Machinist | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Delta Research & Development | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 340 Commerical Street Manchester, NH 03101 | |
| | | How long employed to | here? About 6 months | |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5,106.25 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 +\$ Calculate gross Income. Add line 2 + line 3. 5,106.25

| | tor 1 tor 2 | Michael B. Wybert Amy B. Wybert | - | Case | e number (if known) | | |
|-----|--|---|--|--------------------------------------|--|----------------------------------|--|
| | | | | Fo | r Debtor 1 | For Debto | |
| | Cop | by line 4 here | 4. | \$_ | 5,106.25 | \$ | 0.00 |
| 5. | List | t all payroll deductions: | | | | | |
| | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. | Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues | 5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h. | \$ _ \$ _ \$ _ \$ _ \$ _ | 694.27 0.00 204.25 0.00 763.08 0.00 0.00 | \$ \$ \$ \$ \$ \$ | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 1,661.60 | \$ | 0.00 |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 3,444.65 | \$ | 0.00 |
| 8. | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8a. 8b. 8c. 8d. 8e. 8f. 8g. | \$ _ \$ _ \$ _ \$ _ \$ _ | 0.00 0.00 0.00 0.00 0.00 | \$ \$ | 0.00 0.00 0.00 0.00 833.00 |
| 9. | Δda | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | _ 9. | \$ | 0.00 | \$ | 833.00 |
| J. | Aut | an one morner had mos our object our our our or or our | J. _ | L ^Ψ - | 0.00 | Ψ | |
| 10. | | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | 3 | , 444.65 + \$ _ | 833.00 | = \$ 4,277.65 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depei | | | ed in <i>Schedu</i> | le J. +\$0.00 |
| 12. | | d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certainlies | | | | | \$ 4,277.65 |
| | | | | | | | Combined monthly income |
| 13. | Do | you expect an increase or decrease within the year after you file this form' | ? | | | | o |
| | | Yes. Explain: | | | | | |

Official Form 106I Schedule I: Your Income page 2

| Fill | in this informa | ation to identify yo | our case: | | | | | | |
|-------------------|--|---|--------------------------------------|---|--|--------------|-------|-----------------|---|
| Deb | tor 1 | Michael B. | Wybert | : | | Cł | | if this is: | |
| | otor 2 ouse, if filing) | Amy B. Wyb | ert | | | | Α | supplement show | ving postpetition chapter the following date: |
| Unit | ed States Bank | ruptcy Court for the | : DISTRI | CT OF NEW HAMPSHIRE | | | М | M / DD / YYYY | |
| ! | e number nown) | | | | | | | | |
| Oi | fficial Fo | orm 106J | | | | | | | |
| So | chedule | J: Your | Exper | ises | | | | | 12/15 |
| Be info nur | as complete ormation. If n mber (if know | and accurate as nore space is ne vn). Answer ever | possible. eded, atta y questio | . If two married people ar ich another sheet to this i | | | | | |
| 1. | t 1: Desc Is this a joi | ribe Your House | enoia | | | | | | |
| • | □ No. Go to | | | | | | | | |
| | _ | es Debtor 2 live i | in a separ | ate household? | | | | | |
| | ■ N | No | · | al Form 106J-2, Expenses | for Congrete House | hold of D | obtor | . 2 | |
| | ш, | es. Debiol 2 mus | st lile Offici | ai Foiiii 1005-2, Experises | Tor Separate House | פו ווייינוני | ebioi | ۷. | |
| 2. | Do you hav | ve dependents? | ■ No | | | | | | |
| | Do not list D Debtor 2. | Debtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | | | _ | | ☐ No ☐ Yes ☐ No ☐ Yes |
| | | | | | | | | | ☐ No ☐ Yes ☐ No ☐ Yes |
| 3. | expenses of | penses include of people other to od your depende | han $_{f \sqcap}$ | No Yes | | | | | |
| Est exp | imate your e | a date after the l | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | |
| the | lude expense value of suc ficial Form 10 | h assistance an | non-cash d have inc | government assistance it cluded it on <i>Schedule I: Y</i> | f you know Your Income | | | Your expe | enses |
| 4. | | or home owners nd any rent for the | | ses for your residence. In | nclude first mortgage | 4. | \$ | | 1,100.00 |
| | If not inclu | ded in line 4: | | | | | | | |
| | | estate taxes | | | | 4a. | | | 0.00 |
| | | erty, homeowner's | | | | 4b. | - | | 0.00 |
| | | e maintenance, re eowner's associat | | upkeep expenses dominium dues | | 4c. 4d. | - : - | | 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | | \$ | | 0.00 |

| | tor 1 Michael B. Wybert | Caa | ahar /if ! \ | |
|-----|--|------------|-----------------|---------------------------------|
| Deb | tor 2 Amy B. Wybert | Case num | nber (if known) | |
| 6. | Utilities: | | | |
| 0. | 6a. Electricity, heat, natural gas | 6a. | . \$ | 375.00 |
| | 6b. Water, sewer, garbage collection | 6b. | · - | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 352.00 |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. | . \$ | 649.50 |
| 8. | Childcare and children's education costs | 8. | | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | | . \$ | 41.66 |
| | Personal care products and services | 10. | | 216.50 |
| | Medical and dental expenses | 11. | . \$ | 166.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | 12. | ¢. | 129.00 |
| 40 | Do not include car payments. | | · <u> </u> | |
| | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | | 95.50 0.00 |
| | Charitable contributions and religious donations | 14. | . э | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | š —— | 0.00 |
| | 15c. Vehicle insurance | 15c. | · - | 104.00 |
| | 15d. Other insurance. Specify: | 15d. | · - | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | • | |
| | Specify: State/Federal Tax/Withholding from SS | 16. | . \$ | 128.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 265.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | . \$ | 0.00 |
| | 17c. Other Specify: Motorcycle | 17c. | · - | 165.00 |
| | 17d. Other. Specify: Mattress | 17d. | . \$ | 218.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as | | Φ | 0.00 |
| 40 | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 10. | φ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | 19. | ъ | 0.00 |
| 20 | Specify: Other real property expenses not included in lines 4 or 5 of this form or on Sche | | | |
| 20. | 20a. Mortgages on other property | 20a. | | 0.00 |
| | 20b. Real estate taxes | 20b. | · - | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | · - | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | · - | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | · - | 0.00 |
| 21. | Other: Specify: Car Maintenance & Repairs | 21. | +\$ | 50.00 |
| | Registration and Inspection | | +\$ | 35.00 |
| | Pet Care/Pet food | | +\$ | 86.00 |
| | Birthdays/Holidays/Christmas | | +\$ | 83.00 |
| 22 | Calculate your monthly expenses | | | |
| 22. | 22a. Add lines 4 through 21. | | \$ | 4,259.16 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | | 4,239.10 |
| | | | \$ | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 4,259.16 |
| 23. | Calculate your monthly net income. | | | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | . \$ | 4,277.65 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | | 4,259.16 |
| | | | | , |
| | 23c. Subtract your monthly expenses from your monthly income. | | | 10.10 |
| | The result is your monthly net income. | 23c. | . \$ | 18.49 |
| | • | | | |
| 24. | Do you expect an increase or decrease in your expenses within the year after yo | | | |
| | For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage? | r mortgage | payment to inc | crease or decrease because of a |
| | , 00 | | | |
| | ■ No. | | | |
| | ☐ Yes. Explain here: | | | |

| Fill in this information to identify your cas | se: | Check one box only as directed in this form and in Form | |
|--|--|--|------|
| Debtor 1 Michael B. Wyber | rt | 122A-1Supp: | |
| Debtor 2 (Spouse, if filing) Amy B. Wybert | | ■ 1. There is no presumption of abuse | |
| United States Bankruptcy Court for the: Case number | District of New Hampshire | ☐ 2. The calculation to determine if a presumption of ab- applies will be made under <i>Chapter 7 Means Test</i> <i>Calculation</i> (Official Form 122A-2). | |
| (if known) | | ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later. | |
| | | ☐ Check if this is an amended filing | |
| | | | |
| Official Form 122A - 1 | | | |
| | of Your Current Monthly | Income 1 | 2/15 |
| Chapter 7 Statement of the state of the stat | two married people are filing together, both a the line number to which the additional infor you are exempted from a presumption of abus | re equally responsible for being accurate. If more space is needed, mation applies. On the top of any additional pages, write your name e because you do not have primarily consumer debts or because of f Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form | and |
| Chapter 7 Statement of the second sec | two married people are filing together, both a e the line number to which the additional inforty you are exempted from a presumption of abuse e Statement of Exemption from Presumption o | re equally responsible for being accurate. If more space is needed, nation applies. On the top of any additional pages, write your name e because you do not have primarily consumer debts or because of | and |
| Chapter 7 Statement of the second sec | two married people are filing together, both a e the line number to which the additional information are exempted from a presumption of abuse e Statement of Exemption from Presumption of another in the properties of the properti | re equally responsible for being accurate. If more space is needed, nation applies. On the top of any additional pages, write your name e because you do not have primarily consumer debts or because of | and |
| Chapter 7 Statement C Be as complete and accurate as possible. If attach a separate sheet to this form. Include case number (if known). If you believe that you gualifying military service, complete and file Part 1: Calculate Your Current Mo | two married people are filing together, both a each line number to which the additional information are exempted from a presumption of abuse a Statement of Exemption from Presumption of the Income atus? Check one only. | re equally responsible for being accurate. If more space is needed, nation applies. On the top of any additional pages, write your name e because you do not have primarily consumer debts or because of | and |
| Chapter 7 Statement C Be as complete and accurate as possible. If attach a separate sheet to this form. Include case number (if known). If you believe that y qualifying military service, complete and file Part 1: Calculate Your Current Mo 1. What is your marital and filing state Not married. Fill out Column A, | two married people are filing together, both a each line number to which the additional information are exempted from a presumption of abuse a Statement of Exemption from Presumption of the Income atus? Check one only. | re equally responsible for being accurate. If more space is needed, nation applies. On the top of any additional pages, write your name e because you do not have primarily consumer debts or because of f Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form | and |
| Chapter 7 Statement C Be as complete and accurate as possible. If attach a separate sheet to this form. Include case number (if known). If you believe that you gualifying military service, complete and file Part 1: Calculate Your Current Mo 1. What is your marital and filing state of the complete and file of the complete and service of the complete and se | two married people are filing together, both a eache line number to which the additional information are exempted from a presumption of abuse Statement of Exemption from Presumption of conthly Income atus? Check one only. lines 2-11. | re equally responsible for being accurate. If more space is needed, nation applies. On the top of any additional pages, write your name e because you do not have primarily consumer debts or because of f Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form | and |
| Be as complete and accurate as possible. If attach a separate sheet to this form. Include case number (if known). If you believe that y qualifying military service, complete and file Part 1: Calculate Your Current Mo 1. What is your marital and filing statement of the column A, Not married. Fill out Column A, Married and your spouse is file Married and your spouse is Not married and your spouse is | two married people are filing together, both a cethe line number to which the additional information are exempted from a presumption of abuse a Statement of Exemption from Presumption of conthly Income atus? Check one only. lines 2-11. ling with you. Fill out both Columns A and B | re equally responsible for being accurate. If more space is needed, nation applies. On the top of any additional pages, write your name e because you do not have primarily consumer debts or because of f Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form | and |

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are

| | | Column A Debtor 1 | | Column B Debtor 2 or non-filing spouse | | |
|--|--|-------------------|----------|--|------|--|
| Your gross wages, salary, tips, bonuses, overtime, payroll deductions). | and commissions (before a | ıll \$_ | 4,964.83 | \$ | 0.00 | |
| Alimony and maintenance payments. Do not include Column B is filled in. | payments from a spouse if | \$_ | 0.00 | \$ | 0.00 | |
| 4. All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3. | Include regular contribution , your dependents, parents, | S | 0.00 | \$ | 0.00 | |
| 5. Net income from operating a business, profession, | or farm | | | | | |
| | Debtor 1 | | | | | |
| Gross receipts (before all deductions) | \$ | | | | | |
| Ordinary and necessary operating expenses | -\$ 0.00_ | | | | | |
| Net monthly income from a business, profession, or farm | m \$0.00 Copy here | -> \$_ | 0.00 | \$ | 0.00 | |
| 6. Net income from rental and other real property | | | | | | |
| | Debtor 1 | | | | | |
| Gross receipts (before all deductions) | \$ | | | | | |
| Ordinary and necessary operating expenses | -\$ 0.00_ | | | | | |
| Net monthly income from rental or other real property | \$0.00 Copy here | -> \$_ | 0.00 | \$ | 0.00 | |
| 7. Interest, dividends, and royalties | | \$ | 0.00 | \$ | 0.00 | |

Official Form 122A-1

12/15

Michael B. Wybert Debtor 1 Debtor 2 Amy B. Wybert Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 \$ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 4,964.83 4,964.83 each column. Then add the total for Column A to the total for Column B. Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 4,964.83 Multiply by 12 (the number of months in a year) x 12 59,577.96 12b. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. 2 Fill in the median family income for your state and size of household. 75,866.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Michael B. Wybert X /s/ Amy B. Wybert Michael B. Wybert Amy B. Wybert Signature of Debtor 2 Signature of Debtor 1 Date March 11, 2019 Date March 11, 2019

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

MM / DD / YYYY

Debtor 1 Michael B. Wybert Debtor 2 Amy B. Wybert

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2018 to 02/28/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Income from Employment

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$0.00 from check dated 8/31/2018.

Ending Year-to-Date Income: \$20,259.38 from check dated 12/31/2018

This Year:

Current Year-to-Date Income: \$9,529.58 from check dated 2/28/2019.

Income for six-month period (Current+(Ending-Starting)): \$29,788.96.

Average Monthly Income: \$4,964.83.

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 46 of 56

Debtor 1 Michael B. Wybert Debtor 2 Amy B. Wybert

Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 09/01/2018 to 02/28/2019.

Non-CMI - Social Security Act Income Source of Income: Income from Social Security Constant income of \$833.00 per month.

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 47 of 56

| Debtor 1 Michael B. Wybert First Name Mode Name Last Name Debtor 2 Any B. Nybert First Name Mode Name Last Name United States Bankruptcy Court for the: DISTRICT OF NEW HAMPSHIRE Case number We known) Difficial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct normation. Fill out all of your schedules first; then complete the information on this form. If you are filling amended schedules after you file rour original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B. \$ 0.0 1b. Copy line 62, Total personal property, from Schedule A/B. \$ 14, 753.0 1c. Copy line 63, Total of all property on Schedule A/B. \$ 14, 753.0 Part 2: Summarize Your Liabilities Your liabilities Your liabilities Your liabilities Your liabilities Amount you own 3. Schedule E/F: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total claims from Part 1 (priority unsecured claims) from line 6 of Schedule E/F. \$ 0.0 3b. Copy the total claims from Part 1 (priority unsecured claims) from line 6 of Schedule E/F. \$ 0.0 Your total liabilities Summarize Your Income and Expenses 4. Schedule E: Your Expenses (Official Form 106L) 5. Schedule E: Your Expenses (Official Form 106L) | Fill in this info | ormation to identify your o | ase: | | | |
|--|-----------------------------------|---|-------------------------------|--|---------------|-----------|
| Debtor 2 | | | | | | |
| United States Bankruptory Court for the: DISTRICT OF NEW HAMPSHIRE Check if this is an amended filing | Dahtar 0 | First Name | | Last Name | | |
| Case number Check if this is an armended filing Check This is an armended filing | | | Middle Name | Last Name | | |
| Difficial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 2a scomplete and accurate as pessible. If two married people are filing together, both are equally responsible for supplying correct normation. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file rour original forms, you must fill out a new Summary and check the box at the top of this page. Port: Summarize Your Assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | United States I | Bankruptcy Court for the: | DISTRICT OF NEW HAI | MPSHIRE | | |
| Difficial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file our original forms, you must fill out a new Summary and check the box at the top of this page. 2nt 1: Summarize Your Assets Yo | | | | | | |
| Difficial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Les a complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file our original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Your assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | (if known) | | | | _ | |
| Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 is as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. Fill you are filing amended schedules after you file our original forms, you must fill out a new Summary and check the box at the top of this page. 20/11: Summarize Your Assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 62, Total personal property, from Schedule A/B | | | | | | |
| Bummary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. Fill you are filing amended schedules after you file our original forms, you must fill out a new Summary and check the box at the top of this page. Port 1: Summarize Your Assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | Official F | orm 106Sum | | | | |
| Information, Fill out all of your schedules first, then complete the information on this form. If you are filling amended schedules after you file out or original forms, you must fill out a new Summary and check the box at the top of this page. Port 1: Summarize Your Assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 108A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | | | nd Liabilities an | d Certain Statistical Information | 1 | 12/15 |
| Value of what you own | nformation. Fi our original fo | ill out all of your schedule orms, you must fill out a n | s first; then complete th | e information on this form. If you are filing ame | | |
| Value of what you own | | | | | Your a | ssets |
| 1a. Copy line 55, Total real estate, from Schedule A/B | | | | | | |
| 1c. Copy line 63, Total of all property on Schedule A/B | 1. Schedule 1a. Copy | e A/B: Property (Official Fo line 55, Total real estate, fro | rm 106A/B) om Schedule A/B | | \$ | 0.00 |
| Part 2: Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D \$ 8,246.0 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | 1b. Copy | line 62, Total personal prop | erty, from Schedule A/B | | . \$ | 14,753.00 |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D \$ 8, 246.0 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | 1c. Copy | line 63, Total of all property | on Schedule A/B | | \$ | 14,753.00 |
| Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | Part 2: Sum | nmarize Your Liabilities | | | | |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | | | | | | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | | | | | \$ | 8,246.00 |
| Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | | | | | . \$ | 0.00 |
| Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | 3b. Сору | the total claims from Part 2 | (nonpriority unsecured cl | aims) from line 6j of Schedule E/F | . \$ | 17,875.00 |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | | | | Your total liabilitie | es \$ | 26,121.00 |
| Copy your combined monthly income from line 12 of Schedule I | Part 3: Sum | nmarize Your Income and | Expenses | | | |
| Copy your monthly expenses from line 22c of Schedule J | | | | <i>I</i> | \$ | 4,277.65 |
| 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have? | | | | | \$ | 4,259.16 |
| No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have? | Part 4: Ans | wer These Questions for A | Administrative and Stati | stical Records | | |
| 7. What kind of debt do you have? | - | • | • | neck this box and submit this form to the court with | your other sc | hedules. |
| | | d of debt do vou have? | | | | |
| | | - | umar dahte Consumers | labte are those "incurred by an individual primarily f | or a norcenal | family or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

page 1 of 2

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 48 of 56

Debtor 1 Michael B. Wybert
Debtor 2 Amy B. Wybert Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____4,964.83

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in this inform | ation to identify your | case: | | |
|---|---|--------------------------|----------------------------------|---|
| Debtor 1 | Michael B. Wyb | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | Amy B. Wybert First Name | Middle Name | Last Name | |
| United States Ban | kruptcy Court for the: | DISTRICT OF NEW H | AMPSHIRE | |
| Case number(if known) | | | | ☐ Check if this is an amended filing |
| Official Form | 106Dec | | | |
| Declarati | on About a | n Individua | Debtor's Sched | ules 12/15 |
| obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below | | | | |
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | |
| ■ No | | | | |
| ☐ Yes. Na | ame of person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | y of perjury, I declare true and correct. | that I have read the sur | nmary and schedules filed with t | his declaration and |
| X /s/ Mi | chael B. Wybert | | X /s/ Amy B. Wyl | pert |
| | 1 B. Wybert | | Amy B. Wybert | |
| Signature | e of Debtor 1 | | Signature of Debtor | 2 |
| Date Ma | arch 11, 2019 | | Date March 11, | 2019 |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 50 of 56

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtDistrict of New Hampshire

| In re | Michael B. Wybert Amy B. Wybert | | Case No. | |
|---------------------|--|--|---|--|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF CO | MPENSATION OF ATTOR | NEY FOR DI | EBTOR(S) |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. Sompensation paid to me within one year before be rendered on behalf of the debtor(s) in contemp | the filing of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | | 965.00 |
| | Prior to the filing of this statement I have re | ceived | \$ | 965.00 |
| | Balance Due | | \$ | 0.00 |
| 2. 7 | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. 7 | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclose | ed compensation with any other person u | unless they are mem | bers and associates of my law firm. |
| 5. I a b c | I have agreed to share the above-disclosed cocopy of the agreement, together with a list of the In return for the above-disclosed fee, I have agreement. Analysis of the debtor's financial situation, and the Preparation and filing of any petition, scheduled. Representation of the debtor at the meeting of the Interest of the Interes | the names of the people sharing in the red to render legal service for all aspects and rendering advice to the debtor in dete les, statement of affairs and plan which foreditors and confirmation hearing, and considered the following tigation of claim. Represent \$150 per hour), judicial liarly proceeding (\$150 per hour) affirmation Agreements (\$50 per hour), Amendment to Sche \$125), Amendment to Sche \$100 per hour) | compensation is atta s of the bankruptcy of ermining whether to may be required; d any adjourned heat service: utation of the en avoidances out), Student of Reaffirmat dules (\$50), | ached. case, including: file a petition in bankruptcy; arings thereof; debtors in any , (\$375) relief from Loan dischargeability ion Agreement Hearings Hearings on Amendments, |
| | <u> </u> | CERTIFICATION | | |
| | certify that the foregoing is a complete statement ankruptcy proceeding. | | payment to me for r | representation of the debtor(s) in |
| | arch 11, 2019 | /s/ Sandra A. | | |
| D_{i} | ate | Sandra A. Kuhn Signature of Attorney | - | |
| | | Family Legal S | ervices, P.C. | |
| | | 141 Airport Rd Concord, NH 03 | | |
| | | 603-225-1114 F | | 993 |
| | | Name of law firm | | |

| Fill in this infor | mation to identify your c | ase: | | |
|---------------------------------|--|--|--|--|
| Debtor 1 | Michael B. Wybe | ert Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | Amy B. Wybert First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NE | W HAMPSHIRE | |
| Case number | , , | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Fo | | | | |
| Stateme | nt of Intentior | n for Indiv | viduals Filing Under Chapte | r 7 12/15 |
| If you are an ind | lividual filing under chap | ter 7 vou must fil | Lout this form if: | |
| _ | e claims secured by you | - | | |
| | sed personal property an | | | |
| You must file thi whiche | is form with the court wi ever is earlier, unless the | thin 30 days after court extends th | you file your bankruptcy petition or by the date set e time for cause. You must also send copies to the | t for the meeting of creditors, creditors and lessors you list |
| on the | form | | | |
| | eople are filing together nd date the form. | in a joint case, bo | th are equally responsible for supplying correct in | formation. Both debtors must |
| · · | | . 16 | and detailed and a second about the face of the | h - ((d 196) d |
| | and accurate as possible our name and case num | | s needed, attach a separate sheet to this form. On t | ne top of any additional pages, |
| Part 1: List Y | our Creditors Who Have | Secured Claims | | |
| | | | | (OW 1.15 400D) (W.1.4) |
| 1. For any credit | - | rt 1 of Schedule D | : Creditors Who Have Claims Secured by Property | (Official Form 106D), fill in the |
| Identify the cr | editor and the property th | at is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| | | | | |
| Creditor's G | Granite State Cu | | ☐ Surrender the property. | □ No |
| name: | | | ☐ Retain the property and redeem it. | |
| Description of | 2016 Honda CR65 | 0 Unknown | Retain the property and enter into a | Yes |
| property | miles | | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt | : | | | _ |
| | | | | |
| | Granite State Cu | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | ■ Yes |
| Description of | | ry 97 , 140 | Retain the property and enter into a Reaffirmation Agreement. | ■ res |
| property | miles Good Condition | | ☐ Retain the property and [explain]: | |
| securing debt | : | | | _ |
| | our Unexpired Personal | | | |
| | | | in Schedule G: Executory Contracts and Unexpired expired leases are leases that are still in effect; the | |
| | | | the trustee does not assume it. 11 U.S.C. § 365(p)(2 | |
| Describe your u | unexpired personal prop | erty leases | | Will the lease be assumed? |
| - | | · | | |
| Lessor's name: | Progressive | Leasing | | |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 52 of 56

| Debtor 1 Michael B. Wybert Debtor 2 Amy B. Wybert | | Case number (if known) | | |
|---|--|--|--------------------------------|--|
| | | | □ No | |
| | | | ■ Yes | |
| Description of leased Property: | Lease for Mattress | | | |
| Lessor's name: | Will Sullivan | | □ No | |
| | | | ■ Yes | |
| Description of leased Property: | Apartment Lease Month to month arrangement | | | |
| Part 3: Sign Below | N | | | |
| | jury, I declare that I have indicated my intention | on about any property of my estate that se | ecures a debt and any personal | |
| X /s/ Michael | B. Wybert | X /s/ Amy B. Wybert | | |
| Michael B. Wybert | | Amy B. Wybert | | |
| Signature of Deb | otor 1 | Signature of Debtor 2 | | |
| Date Marc | h 11, 2019 | Date March 11, 2019 | | |

Case: 19-10383-BAH Doc #: 1 Filed: 03/21/19 Desc: Main Document Page 53 of 56

United States Bankruptcy CourtDistrict of New Hampshire

| In re | Michael B. Wybert Amy B. Wybert | | Case No. | |
|-------|------------------------------------|-----------|----------|---|
| | - | Debtor(s) | Chapter | 7 |
| | | | | |

VERIFICATION OF CREDITOR MAILING LIST

| | der penalty of perjury that the attached master mailing list of creditors, nd consistent with the debtor's schedules pursuant to LBRs and assumes all |
|----------------------|---|
| Date: March 11, 2019 | /s/ Michael B. Wybert |
| | Debtor Signature |
| | Michael B. Wybert |
| | Print Name |
| | Address 6 Brookview Drive |
| | Milford NH 03055-0000 |
| | Tel. No. |
| | |
| Date: March 11, 2019 | /s/ Amy B. Wybert |
| | Debtor Signature |
| | Amy B. Wybert |
| | Print Name |
| | Address 6 Brookview Drive |
| | Milford NH 03055-0000 |
| | Tel No |

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Po Box 30281 Salt Lake City, UT 84130

Citibank/Exxon Mobile Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Citibank/Exxon Mobile Po Box 6497 Sioux Falls, SD 57117

Comstar Inc. 8 Turcotte Memoiral Dr. Rowley, MA 01969

Credit One PO Box 80015 Los Angeles, CA 90080-0015

Credit One PO Box 98873 Las Vegas, NV 89193-8873

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Credit One Bank Po Box 98872 Las Vegas, NV 89193

Dartmouth Hitchcock 253 Pleasant Street Concord, NH 03301

Eastern Revenue Inc Attn: Bankruptcy Dept. 601 Dresher Rd. Suite 301 Horsham, PA 19044

Eastern Revenue Inc 601 Dresher Rd Horsham, PA 19044 Erin M. Reczek 200 Minuteman Road Ste. 202 Andover, MA 01810

FingerHut Customer Service Center P.O. Box 745010 Cincinnati, OH 45274-5010

Fingerhut P.O. Box 166 Newark, NJ 07101-0166

Fingerhut 53 McLeland Road Saint Cloud, MN 56395

Granite State Cu 1415 Elm St Manchester, NH 03101

Hillsborough County Superior Court 30 Spring Street IMO Onemaine v. Michael Wybert Case No. 226-2019-cv-00020 Nashua, NH 03060

Jefferson Capital Systems, LLC Po Box 1999 Saint Cloud, MN 56302

Jefferson Capital Systems, LLC 16 Mcleland Rd Saint Cloud, MN 56303

Lahey Clinic PO Box 981001 Boston, MA 02298

Merrick Bank/CardWorks Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804

Merrick Bank/CardWorks Po Box 9201 Old Bethpage, NY 11804

Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108 Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108

OneMain Financial Attn: Bankruptcy 601 Nw 2nd Street Evansville, IN 47708

OneMain Financial Attn: Bankruptcy Po Box 3251 Evansville, IN 47731

OneMain Financial Po Box 1010 Evansville, IN 47706

Progressive Leasing 256 West Data Drive Draper, UT 84020

Southern NH Medical Center P.O. Box 824 Nashua, NH 03061-0824

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Po Box 965024 Orlando, FL 32896

TD Bank 15 Monumental Square Leominster, MA 01453

Tufts Medical Center PO Box 961980 Boston, MA 02196